

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 31, 2001 8:00 am
Secretary of State

05-10-2001 90057 022 ****61.25

DOCUMENT # N00000006850

1. Entity Name

PROJECT SPECIAL CARE INC.

Principal Place of Business

Mailing Address

**2200 N. PONCE DE LEON BLVD STE 3
 ST AUGUSTINE FL 32084**

**2200 N. PONCE DE LEON BLVD STE 3
 ST AUGUSTINE FL 32084**

2. Principal Place of Business

3. Mailing Address

2200 N. PONCE DE LEON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #3

City & State

City & State

ST. AUGUSTINE

Zip

Country

Zip

Country

32084

USA

4. FEI Number

39-3675101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUCE, GARY

**2200 N. PONCE DE LEON BLVD STE 3
 ST AUGUSTINE FL 32084**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **GARY BRUCE, PRESIDENT** ☐ Delete
 NAME
 STREET ADDRESS **344 INDIAN BEND RD D**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **VICE PRESIDENT** ☐ Delete
 NAME **ALAN LOH**
 STREET ADDRESS **3932 S. PENINSULA DR D**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **SECRETARY/TREAS** ☐ Delete
 NAME **AINSLIE DE BOER-COOK D**
 STREET ADDRESS **213 PALMETTO AVE**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32085**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GARY BRUCE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-01 904-829-1997

CR2E037 (10/00)